

**VOLUNTARY RELEASE ACKNOWLEDGEMENT AND  
ACCEPTANCE OF LIABILITY BY ORGANIZATION  
(THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS – PLEASE READ CAREFULLY)**

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EVENT WILL BE HELD AT: POPE CONFERENCE CENTER – 48B LEXINGTON AVE-WASHINGTON, GA 30673

DATE/TIME OF EVENT/ACTIVITY \_\_\_\_\_

DATE/TIME FOR SET-UP \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Name of Person Signing: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

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In order to hold the above described event/activity on the above named public property, the above named Organization and/or above named person **agrees to defend, hold harmless and pay on behalf of the City of Washington, its employees, agents and contractors, any demand, claims or suits arising out of the above named event/activity.** I acknowledge that this is not an essential service provided by the City of Washington.

I understand and acknowledge that the event/activity described above involves risks to those involved and/or participating. I understand that these risks known, anticipated or unanticipated may result in injury, death, illness, disease or damage to those involved and/or participating and to their property, or to other persons or their property.

I understand that the organizations and/or the above named individual is/are responsible for assuring adequate parking is provided for participants, spectators and workers. I understand that the organization and/or the above named person shall be responsible for the removal of all debris, litter, trash, etc. upon completion of the event/activity. I understand that a copy of the permit for this event shall be kept on site throughout the event and shall be available for inspection.

**I have authority to bind and enter into this Agreement on behalf of the above named Organization, and I understand that entering into and signing this agreement affects the legal rights and obligations of the Organization named above, and I have authority to do so on behalf of the above named Organization. I accept this and sign this agreement of my own free will. My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position/Title \_\_\_\_\_